

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
STD 262 (REV 6/93)

See Instructions and *Privacy
Statement on Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Phyllis W. Cheng			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT DFEH		
POSITION Director		CB/ID NUMBER Exempt		DIVISION OR BUREAU Executive			INDEX NUMBER	
RESIDENCE ADDRESS* [REDACTED]				HEADQUARTERS ADDRESS 2218 Kausen Drive				TELEPHONE NUMBER 916-478-7250
CITY [REDACTED]		STATE CA		ZIP CODE [REDACTED]		CITY Elk Grove		STATE CA
						ZIP CODE 95758		

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL	
(2)				BREAK-FAST	LUNCH	O.T., L/T N/C RELO OR DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE		EXPENSES FOR DAY	
DATE	TIME										MILES			AMOUNT
10/09; 12/09		Sacramento							3.00			3.00		
		Sacramento							4.50			4.50		
12/03	1030-1200	Sacramento							2.50			2.50		
12/07	0800-1700	Los Angeles					2.50	b				2.50		
12/08	0800-1700	Los Angeles					2.50	b				2.50		
12/09	0800-1700	Los Angeles												
12/10	1100-1200	Sacramento												
12/14	0800-1700	Los Angeles					2.50	b				2.50		
12/17	0800-1700	Los Angeles					2.50	b				2.50		
12/18	0800-1700	Los Angeles					2.50	b				2.50		
12/28	0800-1700	Los Angeles					2.50	b				2.50		
12/29		Oakland					20.00	b				20.00		
(10) SUBTOTALS							35.00		10.00			45.00		
COLUMN CODE (ACCTG USE ONLY)														

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required)

All airfare paid by employee at her own private expense.
10/5 & 7: parking not claimed on previous expense claim
12/3: Directors' meeting at Agency
12/7-9: L.A. office visit; meetings, training
12/10: Meeting at Agency
12/14: Meeting with Assemblymember Mike Feuer; L.A. office visit
12/17: L.A. office visit and meeting w/Deputy Director, Housing
12/28: Meeting with Gary Blasi re: UCLA-RAND study; 12/29: BART ticket

(12) NORMAL WORK HOURS

0800-1700

(13) PRIVATE VEHICLE LICENSE NBR.

6ATW241




(14) MILEAGE RATE CLAIMED

.55

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NBR.

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 2/4/10	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 1/6/10
(17.) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE (See Item 17 on reverse) 			DATE